

Ohio Wesleyan University is committed to making reasonable accommodations in our residences for medical or psychological conditions diagnosed by a licensed health care provider. The Residential Life Office, in consultation with university personnel including representatives from Counseling Services and the Accessibility Services Office, makes these accommodations. In rare circumstances when the university is unable to make reasonable accommodation on campus as determined by these university personnel, the student will be granted an exemption from the residency requirement.

Ohio Wesleyan University requires supporting documentation from an appropriately licensed professional who specializes in the specific disability, and with whom the student is currently in treatment. The specialist must outline how the request for accommodation supports the student's needs. The attached forms, which are designed to assist the student and professional in providing the necessary information, are required. Ohio Wesleyan University reserves the right to request additional information if needed to evaluate the request. Please be advised that a diagnosis of a medical or psychological condition **does not** automatically qualify the student for a housing accommodation and that in some cases, alternative reasonable accommodations (other than those requested) may be offered.

### General Information

The Housing Accommodation Committee convenes to review Housing Accommodations Requests. The committee is made up of university administrators with knowledge and expertise to review the documentation to determine whether the university can make a reasonable accommodation (medical single, room modification, etc.) within the university-owned residential facilities or if the student should be released from the residency requirement. All **priority deadline** requests for accommodation must be received by the following dates:

- **November 1<sup>st</sup> for spring semester**
- **March 1<sup>st</sup> for fall semester (returning students)**
- **July 1<sup>st</sup> for fall semester (incoming students)**

*Outside of the priority deadlines, the committee will review applications in rare circumstances. While requests submitted after these dates will be accepted and considered, we cannot guarantee that the Residential Life Office will be able to meet applicants' accommodation needs.*

### Materials Required

These requests are reviewed based upon a severe medical or psychological disability, which directly interferes with the student's ability to live in a traditional residential community. The following conditions and documentation are required for a Housing Accommodation Request to be reviewed. Assistance is available from university personnel, if needed, in completing this written request.

1. Student must complete and submit the **Housing Accommodation Application**
2. Student must complete an **Authorization for Release/Request of Confidential Information**
3. Diagnosing and treating Physician(s) or Psychologist(s) and any additional medical professionals that specialize in the reported disability must submit **pages 3-6 of the Housing Accommodation Application**
4. The student is to submit a typed **personal statement** identifying the rationale for the requested accommodation(s). The statement should include specific information about how the student's documented condition is directly related to their inability to live in a traditional residential community. The typed statement should not exceed 500 words.

### Billing

- If a reasonable housing accommodation cannot be made without increasing a student's housing category, the University will provide the accommodation without an increase in cost.
- Ohio Wesleyan University reserves the right to assign students to a residential building that meets the accommodation, even if that space is not in the student's preferred residential community. However, student preferences will be taken in to consideration when possible.
- Students who receive a single room as an accommodation will be charged the multiple occupancy rate, unless the single is located in an apartment unit.
- Students who receive a single room as an accommodation and who prefer to live in an apartment unit with a single bedroom (i.e. seniors) will be charged the single occupancy apartment room rate for the room unless no other medical singles are available elsewhere on campus. If a single in an apartment unit is the only option available to meet the accommodation need for that student, the student will be charged a multiple occupancy room rate for the room.

### Noteworthy Reminders

- The student must have been involved with ongoing treatment for the given medical or psychological disability. Documentation of treatment must be current (within the past 6 months).
- Missing information and incomplete documents will not be returned as incomplete and will not be reviewed by the committee. Individuals will be notified if their application is incomplete or insufficient and in what way.
- All decisions of the Housing Accommodation Committee are considered final based upon the authority and support provided by the University administration.
- The desire to have a quiet, undisturbed place to study is insufficient to warrant a special housing accommodation.
- Healthcare providers operating on campus through OWU Counseling Services and OWU Student Health Services are providing a short-term service and due to the nature of this short-term care, cannot complete the accommodation request paperwork. Students seeking accommodation for disability should request a referral to an appropriate provider.

**TO BE COMPLETED BY THE STUDENT (Please type or print legibly):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Gender:  Female  Male  Non-binary Other: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Semester Requested: \_\_\_\_\_ Class rank during semester of request:  Freshman  Sophomore  Junior  Senior

Ohio Wesleyan University is a residential university with a fully developed co-curricular program, which is not only supportive of the institution's academic program, but also stands alone as an important growth-producing part of each student's Ohio Wesleyan education. Group living in the residential facilities is an integral part of the liberal arts education process. It provides an opportunity to develop those qualities of character which are descriptive of a responsible and mature person. It should be noted that exemption from the residential requirement is **extremely rare**, and having a documented disability in and of itself is not considered adequate for granting the requested accommodation. **Exemption from the residency requirement is only offered when there is clear evidence of a substantial and severe disability that directly interferes with a student's ability to live in any residence hall, clear and consistent support by the healthcare provider who specializes in the reported disability, or from a qualified professional who has made an individualized assessment of a person with a non-obvious disability verifying that the person has a disability and supporting the need for disability-related services, the student's personal statement, and clear evidence that the student has already engaged in ongoing and current psychological or medical treatment appropriate for addressing their condition without adequate success.** Requests from students who have not followed through on ongoing treatment may not be considered. All requests for special housing accommodation will be reviewed in accordance with the guidelines set by the Americans with Disabilities Act, as amended, Section 504 of the Fair Housing Act, and Section 504 of the Rehabilitation Act.

Any student wishing to make a housing accommodation request is required to complete and submit this form to the Accessibility Services Office with supporting documentation. The Housing Accommodation Committee will meet after each posted deadline and requests that are not complete at that time will not be reviewed. It is the responsibility of the student making the request to answer all of the following questions and to provide all of the necessary documentation.

The following housing accommodations are available. Please specify which accommodation(s) is/are requested:

- Single Room \*                       Private bathroom                       Air-Conditioned unit  
 Housing Exemption/Off Campus Release\*\*                       Other: \_\_\_\_\_

\*A medical single room is billed at the multiple occupancy room rate, unless the single is located in an apartment unit.

\*\*Extremely rare and only after all on campus alternatives have been exhausted.

Due to conflict of interest, immediate family members/guardians may not serve as providers of medical/psychological evaluation. All documentation must be submitted in English. Decisions will be made in writing.

**The decision of the Housing Accommodation Committee is final.** Student may re-submit the request only if new information is available.

In order to best meet the needs of the student, it is necessary for members of the Housing Accommodation Committee to review information submitted on request. Professionalism and sensitivity to the student's situation will remain an utmost concern. The information submitted will not be released to any other parties without the written consent of the student.

**ACKNOWLEDGEMENT:**

I have read and understand all information contained in the Housing Accommodation Request packet. I understand that my request is not approved until I am notified of the decision of the Housing Accommodation Committee and that, if approved, I may be required to re-apply for accommodations each academic year.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Health Care Provider:

Your patient, named below, is a student at Ohio Wesleyan University and is requesting consideration for a housing accommodation based upon medical and/or psychological need. Ohio Wesleyan University is a residential university with a fully developed co-curricular program, which is not only supportive of the institution's academic program, but also stands alone as an important growth-producing part of each student's Ohio Wesleyan education. Group living in the residential facilities is an integral part of the liberal arts education process of the University. It provides an opportunity to develop those qualities of character, which are descriptive of a responsible and mature person.

To this end, all students are expected to live on campus throughout their academic career, unless the student has a substantially limiting medical or psychological disability, which interferes with the student's ability to live in a traditional residential community with or without appropriate accommodations. Accommodations need not be provided if they fundamentally alter Ohio Wesleyan University's program or constitute an undue burden. The most common type of housing accommodation is a single room or "medical single", however other types of accommodations on campus are available and are listed on page 3 of this form. It should be noted that exemption from the residency requirement is **extremely rare**, and having a documented disability in and of itself is not considered adequate for granting special housing accommodations. **Exemptions from the residency requirement are offered only when there is clear evidence of a substantial and severe disability that directly interferes with a student's ability to live in any residence hall and clear evidence that the student has already engaged in ongoing and current psychological or medical treatment appropriate for addressing their condition, without adequate success.** Requests are reviewed in accordance with the guidelines set by the American with Disabilities Act.

As a part of the accommodation request review process, the university requires supporting documentation from an appropriately licensed professional who **specializes in the reported disability**. The professional must outline how a housing accommodation supports the active treatment of the medical and/or psychological needs of the student. The information that you provide will be reviewed by the Housing Accommodation Committee, which consists of representatives from Residential Life, Counseling Services, and the Accessibility Services Office. While the university requires supporting documentation from you as a treating healthcare provider, it is ultimately the university's responsibility to decide whether an accommodation is logical, reasonable, and necessary. Please return this form to the student or to the Accessibility Services Office via email or fax (contact information is shown in the letterhead of this form). In addition to the requested information, you may attach any other information that you believe is relevant to the student's housing accommodation request. **Please complete this form entirely; do not substitute attached records for responses on this form or simply note that the information is contained in attachments.** Thank you for your assistance.

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**TO BE COMPLETED BY THE STUDENT:**

Student Name (Printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Authorization to release information:**

I, the above-named student, authorize my health care provider to supply Ohio Wesleyan University with any information in my records pertinent to my request for a housing accommodation including, but not limited to information requested on this form. I authorize my provider to supply additional information pertinent to this matter at the request of Ohio Wesleyan University officials and understand that Ohio Wesleyan University may request additional and/or updated information at any time. I agree that information provided in conjunction with this request may be reviewed as necessary by appropriate Ohio Wesleyan University staff to determine the response.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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To be completed by Healthcare Provider specializing in student's disability:

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student OWU ID (if known): \_\_\_\_\_

1. Diagnosis/Description of condition.

2. What is your role in working with this student? (i.e., therapist, PCP, specialist, etc.)

3. In addition to ICD-10 and/or DSM-5 criteria, **how did you (or the evaluating clinician) arrive at your diagnosis?** Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

- |  |   |
|--|---|
| <input type="checkbox"/> Structured or unstructured interview with student | <input type="checkbox"/> Neuro-psychological testing<br>(date of testing) _____ |
| <input type="checkbox"/> Interviews with other persons                     | <input type="checkbox"/> Psycho-educational testing<br>(date of testing) _____  |
| <input type="checkbox"/> Behavioral observations                           | <input type="checkbox"/> Standardized or non-standardized rating scales         |
| <input type="checkbox"/> Developmental history                             | <input type="checkbox"/> Other (please specify): _____                          |
| <input type="checkbox"/> Educational history                               |   |
| <input type="checkbox"/> Medical history                                   |   |

4. Based on your subjective opinion, **how well do you know this student?**

(Not Well at all) 0  1  2  3  4  5 (Very Well)

5. Symptoms/Manifestations of condition(s):

6. Expected duration of condition:

- Permanent/Chronic
- Long-term (6-12 months)
- Medium-term (3-6 months)
- Short-term (60-90 days)
- Temporary (60 days or less)

Condition is:  Static  
 Improving  
 Worsening

**OWU Housing Accommodation Application, Healthcare Provider Form, Cont'd**

7. In your opinion, is the student a danger to themselves or others?  YES  NO

8. **Level of severity** (if applicable):

(Mild) 0  1  2  3  4  5 (Severe)

9. If the condition is **episodic or has flare ups**, please describe:

- a) **Frequency:**
- b) **Duration:**
- c) **Known Triggers:**

10. How are symptoms/disability currently being treated or controlled? Describe medical treatments, therapies, devices, or regimens prescribed including compliance and response to intervention. If treated with medications, please list and discuss relevant side effects.

11. Date of **initial visit** with this clinic/provider: \_\_\_\_\_

12. Date the **diagnosis was formally established**: \_\_\_\_\_

13. **Frequency and number of provider visits** in the past twelve months: \_\_\_\_\_

14. Date that the student was **last seen**: \_\_\_\_\_

15. A disability is described as a condition or impairment which substantially limits a major life activity. **Please list the major life activities limited by this condition.** (Note: if none, no accommodations would be needed at OWU.)

16. What housing accommodations are recommended to mitigate or eliminate the impact of the disability on the student's academic life? Accommodations are provided on a case-by-case basis and are not limited to the list below.

- Suite-style Single Room (May share common area/bathroom)
- Private Single Room (No shared area within unit)
- Private Bathroom
- Air-conditioned unit
- Exemption from Residency Requirement/Off Campus Release

Other accommodation not listed: \_\_\_\_\_

**OWU Housing Accommodation Application, Healthcare Provider Form, Cont'd**

17. Optional: You may use the space below (and additional sheets as needed) to provide any other information that you believe will be helpful to university staff in considering the accommodations that you are recommending. This could include information about concurrent treatment providers, relevant life history, current circumstances that are atypical about their condition, etc.

**I, the undersigned, certify that the information provided for the aforementioned student is true and correct to the best of my knowledge and belief:**

\_\_\_\_\_  
Treating Provider Signature (*if in training, please include supervisor signature*)

Name (*please print*)

Title / Name of Agency

License Number

Phone Number

Address

\_\_\_\_\_  
Date

This form may be returned to the student for them to upload with their online request form or faxed by the provider directly to ASO (Fax: 740-368-3499). Please type or print answers.